

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90006 047 ***150.00

DOCUMENT # P94000045687

1. Entity Name
MEDICAL SALES AND SERVICE INC.



Principal Place of Business
**7861 SW ECLIPSE WAY
STUART, FL 34997 US**

Mailing Address
**P.O. BOX 69
HOBE SOUND, FL 33455- US**

40021428



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
7861 SW ELLIPSE WAY
City & State
STUART FL

Suite, Apt. #, etc.
7861 SW ELLIPSE WAY
City & State
STUART FL

02252006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2610585

Applied For
Not Applicable

Zip
34997 Country
US

Zip
34997 Country
US

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BLOOM, RAPHAEL
7806 S.E. TULIPTREE CT.
HOBE SOUND, FL 33455**

7. Name and Address of New Registered Agent

Name
RAPHAEL BLOOM
Street Address (P.O. Box Number is Not Acceptable)
7807 S.E. TULIPTREE CT.
City
HOBE SOUND FL Zip Code
33455

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

RAPHAEL BLOOM

(NOTE: Registered Agent signature required when reinstating)

2/25/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BLOOM, RAPHAEL
7807 S.E. TULIPTREE CT.
HOBE SOUND, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
BLOOM, PATRICIA M.
7807 S.E. TULIPTREE CT.
HOBE SOUND, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PATRICIA M. BLOOM

2-25-06 772-221-1221